

1 Navy Chief, 1 Sept
Liaison Id Branch 1950
Section Id Section
Repat Br
Mem Div

SUBJECT: Unknowns X-86, X-90, X-148, X-165,
Finschhafen #2, N. G.

1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Branch.

2. Efforts by this Section to associate these Unknowns with Navy, Marine Corps or Coast Guard casualties, have met with negative results based upon evidence presently contained in files.

3. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical reports.

MOYER
73880

243 Unk Finschhafen #2 X-90

2 Chief Repat Br 5 Sep
Ident Br Navy 1950
Mem Div Liaison
Section

1. Reference is made to paragraph 2, Comment #1.
2. Findings of Unidentifiability have been approved by this Office.
3. Files are returned herewith for completion of Administrative reports.

- 4 Incls
293 files for 74059
1. X-86
2. X-90
3. X-148
4. X-165

NEFF
52462



SEP 7 1950
FILE
NAVY SECTION
G. J. MOYER



NOV 6 1957
NOV 6 1957

QMGMN 293
GRS Pacific

SUBJECT: Identification of World War II Deceased

AUG 21 1950

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

- References: (a) Letter OQMG, QMGMU 293 GRS Pacific dated 28 March 1950
subject: Identification of World War II Deceased
- (b) Letter Hq, AGRS (PAZ) RRREC 293 dated 6 July 1950
subject: Identification of World War II Deceased

1. Subsequent to the receipt of reference (b) and the listed inclosures, a complete review was made of Unknown remains X-86, X-90, X-1148, X-165, USAF Cemetery #2, Finschhafen, N. G. and of Unknown remains X-6, ANM Cemetery #2, Guam; by this Office to further consider the feasibility of Group Burial action as proposed in reference (a).

2. In view of the fragmentary condition of these remains, the widely dispersed area of recovery and the difficulty in defending a group burial of this type, it is requested recommendations embodied in reference letter (a) Paragraph 6 be cancelled.

3. It is further requested recommendations of Unidentifiability (with the exception of Unknown X-6, ANM Cemetery #2, Guam) for the above listed remains be forwarded this Office.

4. In addition, it is requested that the 15 unaccounted for casualties from USS HOUSTON as listed on inclosure 6 to reference (b) be processed in accordance with A.G. letter File AGAO-S 293.9 D.M., dated 9 April 1947.

5. Unknown remains X-86, X-90, X-1148, X-165, USAF Cemetery #2,

QMGMN 293 Unknown X-90, USAF Cemetery #2, Finschhafen, N. G.

QUINN 293

GRS Pacific

SUBJECT: Identification of World War II Deceased

Winschhafen N. G. are listed on Unit A Roster, Page 4.

FOR THE QUARTERMASTER GENERAL:

THOMAS S. COX
Captain QMC
Memorial Division

14

Interred 1 September 1950

DISINTERMENT DIRECTIVE

William C. Baker
-Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	AT DIRECTIVE NUMBER 6911 00290	DATE 15 02 48 DAY MONTH YEAR
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NAME <i>93</i> BRITISH GUINEA	SERIAL NUMBER UNKNOWN X-000090	RANK	ARM Q	DATE OF DEATH DAY MONTH YEAR
CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20	DISPOSITION OF REMAINS EXHUM SIX code 64 DIST. PT.			
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		3139	NEW GUINEA	6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE MANUKA XPRTX IRENE OUSKANDS NATIONAL MEMORIAL CEMETERY OF THE PACIFIC (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
---	---------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-000090 UNK X-4018 (Maus)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 1 Oct 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY JOSEPH M. OWEN Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

Two (2) Identification Tags - UNK X-4018 (Maus)

REMAINS PREPARED AND PLACED IN CASKET
1 Oct 1948

DATE BY
CASKET SEALED BY JOSEPH M. OWEN
EMBALMER (Signature)
Joseph M. Owen
JOSEPH M. OWEN

CASKET BOXED AND MARKED
HORACE L. ALLISON
DATE 1 Oct 48 BY Sgt., Inf.
SHIPPING ADDRESS VERIFIED BY
LUCIO S. PANOPIO, 1st Lt., Inf.

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Remains rechecked and stenciled by
AGHS-PAZ, 31 Aug 50.
Joseph P. Simoni
JOSEPH P. SIMONI, Embalmer
Lucio S. Panopio
LUCIO S. PANOPIO, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: AGRS Mausoleum		TO: Fort McKinley Military Cemetery	
KIND OF CONVEYANCE: Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM: US ARMY MAUSOLEUM		TO: HAWAIIAN DISTRIBUTION CENTER	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
STEWART W. ABEL, Major, QM	31 Aug 50	<i>[Signature]</i> LEROY F. TURNER, Adm. Asst.	31 Aug 50

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM: (BA ADMINISTRATIVE ORDER)		TO	
KIND OF CONVEYANCE: NAVY'S ADMINISTRATIVE ISLANDS		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM: BIRD MAN BATTERY		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

RECEIVED SHIPPED: 103 0 8

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

Corrected Copy		IDENTIFICATION DATA			
1. REMAINS OF UNKNOWN X-90 (X-4018, Manila, P. I.)		2. DATE OF REPORT 22 June 1950			
3. NAME OF CEMETERY US Army Mausoleum - Final Type-Casket # Formerly Finsch #2		4. PLOT #	5. ROW	6. GRAVE 75 3139	7. DATE OF DISINTERMENT 22 Jun '50
				REINTERMENT 22 Jun '50	
PHYSICAL DESCRIPTION Age: 21-22 years					
8. ESTIMATED WEIGHT 129 - 153 lbs	9. ESTIMATED HEIGHT 5' 5" - 5' 7 5/8"	10. COLOR OF HAIR None Found		11. RACE White	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Two (2) duplicate ID Tag with remains reads: Unk. X-4018, AGRS Maus., Manila, P.I., formerly X-90, Finsch #2. One (1) Embossed Plate on outside case reads: Unk. X-90, Finsch No. 2, X-4018, Msln.					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None					
U N I D E N T I F I A B L E BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA					
Stewart W. Abel Major, QMC O-290592		<i>Stewart W. Abel</i>		25 Aug 1950	
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT? All bones are oil or grease stained			
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS None					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) None					

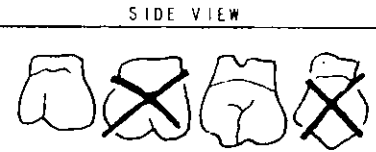
SEP 7 1950
FILE
NAVY SECTION
C. J. MOYER

Incl 2

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:

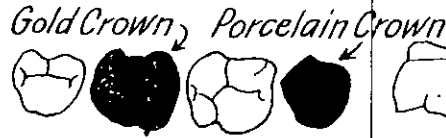
Unknown X-90



(X-4018, Manila Maus.)

CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Final Type Casket



BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE) THUS:

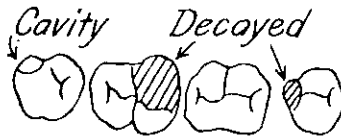
Finsch #2



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

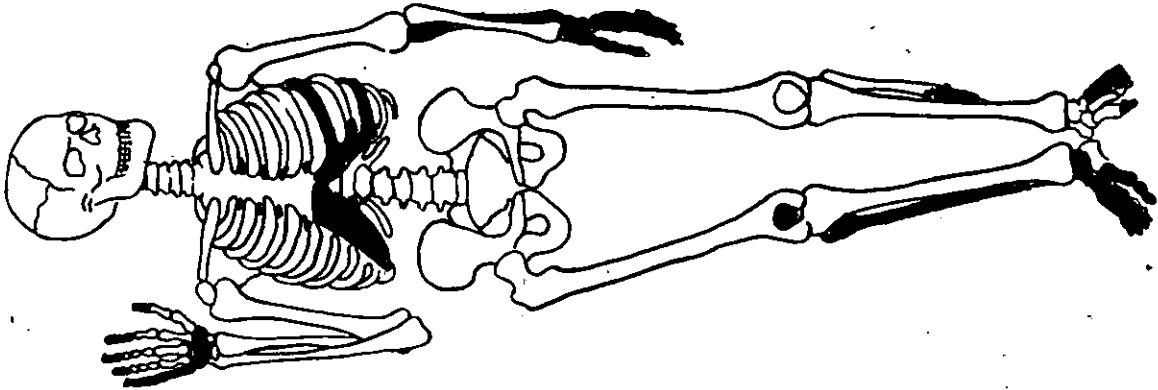


RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
IMP.		A OM	A DO										A MO		IMP.	
Side Views																Side Views
Top Views																Top Views
Side Views																Side Views
IMP.		OM											A OM		IMP.	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

SEP 7 1948
FILE
NAVY SECTION
C. J. MOYER

19. BLACK OUT PARTS OF BODY NOT RECORDED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

this (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT ~~THESE~~ REMAINS CONSIST OF PARTS OF 1 DECEDENTS BASED ON ~~THEIR~~ ~~ARTICULATION~~ ~~AND~~ ~~WITH~~ ~~NOTHING~~ ~~BY~~ ~~WHICH~~ ~~THIS~~ ~~MAY~~ ~~BE~~ ~~DENIED~~ ~~AS~~ ~~ONE~~ (1) INDIVIDUAL.

See Narrative.

John K. Frost
JOHN K. FROST, Capt., M. C.
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R - 166 - 65.35 - 5' 5 3/8"
K - 172 - 67.72 - 5' 7 5/8"
P - 165 - 64.96 - 5' 5"

SEP 7 1950
Teeth Charted
FILE
NAVY SECTION
C. J. MOYER

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
STEWART W. ABEL, MAJOR, QMC
CENTRAL IDENTIFICATION LABORATORY
AGRS, APO 958

SIGNATURE
Stewart W. Abel

Corrected Copy		IDENTIFICATION DATA			
1. REMAINS OF UNKNOWN X-90 (X-4018, Manila, P. I.) <i>993 Corp Finsch #2</i>			2. DATE OF REPORT <i>122</i> June 1950 <i>90</i>		
3. NAME OF CEMETERY US Army Mausoleum - Final Type Caseket # Formerly Finsch #2		4. PLOT	5. ROW	6. GRAVE <i>75</i> <i>3139</i>	DATE OF DISINTERMENT <i>22 Jun '50</i>
					REINTERMENT <i>22 Jun '50</i>
PHYSICAL DESCRIPTION <i>Age: 21-22 years</i>					
8. ESTIMATED WEIGHT <i>129 - 153 lbs</i>	9. ESTIMATED HEIGHT <i>5' 5" - 5' 7 5/8"</i>	10. COLOR OF HAIR <i>None Found</i>		11. RACE <i>White</i>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>Two (2) duplicate ID Tag with remains reads: Unk. X-4018, AGRS Maus., Manila, P. I., formerly X-90, Finsch #2. One (1) Embossed Plate on outside case reads: Unk. X-90, Finsch No. 2, X-4018, Msln.</i>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <i>None</i>					
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT? <i>All bones are oil or grease stained</i>			
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <i>None</i>					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) <i>None</i>					

SEP 7 1950

FILE
NAVY SECTION
C. J. MOYER

Serial 3

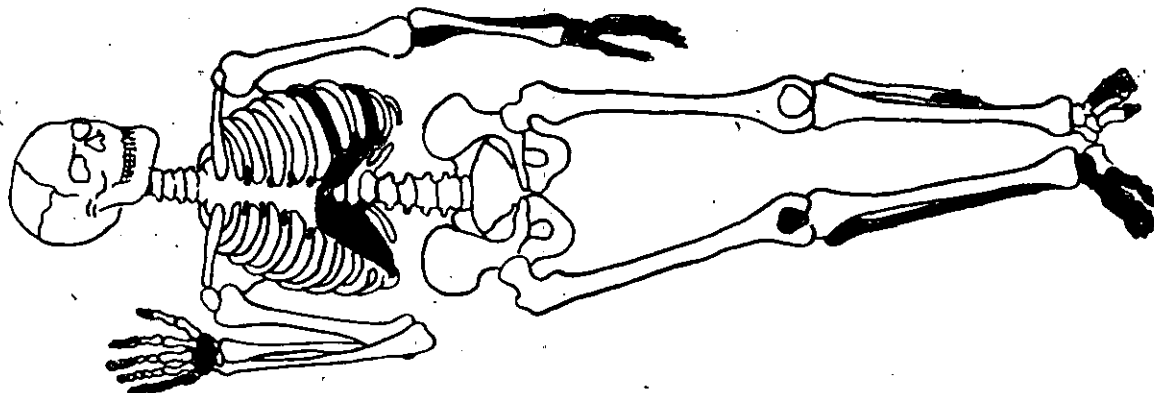
18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p> <p>Unknown X-90</p>		<p><i>Tooth Missing</i></p>	
<p>(X-4018, Manila Maus.)</p> <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>Final Type Casket</p>		<p><i>Gold Crown</i> <i>Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> <p>Finsch #2</p>		<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p><i>Gold Filling</i> <i>Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p><i>Cavity</i> <i>Decayed</i></p>	

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
IMP.		A OM	A DO										A MO		IMP.		
Side Views																	Side Views
Top Views																	Top Views
Side Views																	Side Views
IMP.		O M											A OM		IMP.		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE. BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

SEP 7 1950
FILE
NAVY SECTION
C. J. MOYER

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
this (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT ~~THESE~~ REMAINS CONSIST OF PARTS OF 1 ^{NUMBER} DECEDENTS BASED ON ~~THE PRESENCE OF ONE OR MORE~~
~~OF THE FOLLOWING ANATOMICAL PARTS~~ articulation and with nothing by which this may be denied
as one (1) individual.

See Narrative.

John K. Frost
JOHN K. FROST, Capt., M. C.
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R - 166 - 65.35 - 5' 5 3/8"

K - 172 - 67.72 - 5' 7 5/8"

P - 165 - 64.96 - 5' 5"

Teeth Charted
SEP 7 1950
FILE
NAVY SECTION
C. J. MOYER

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

STEWART W. ABEL, MAJOR, QMC
CENTRAL IDENTIFICATION LABORATORY
AGRS, APO 958

SIGNATURE

Stewart W. Abel

28 March 1950

QMGMU 293
GIS Pacific
SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 953, c/o Postmaster
San Francisco, California

1. Reference is made to letter your Headquarters, file RRREC 293.9 (USS Houston), dated 22 August 1949, subject: Letter of Transmittal, with which were forwarded QMC Forms 1044 for Unknowns X-86, X-148 and X-165, Finschhafen #2, Unit A, Page 14 and Unknown X-90, Finschhafen #2, Unit A, Page 15.

2. Action requested in paragraph 4, of reference letter, has been accomplished by this Office. A comparison of these Unknowns was made with casualties suffered in the 14 October 1944 action of the Light Cruiser USS Houston (CL-81). Individual identification could not be made inasmuch as the dental condition of all the decedents is not a matter of record. It is also noted that the dental characteristics of the remains compare equally as well with one or more of the decedents involved.

3. Records of the Department of the Navy and of this Office indicate the following fifteen decedents are still unaccounted for casualties from this incident:

CARROLL, Elton Leonard	S2c V6 USNR	6441110
CODY, Claude Leroy	EM2c V6 USNR	6480590
COOPER, JR. Lige Howell	Flc V6 USNR	8927517
COZAD, Ralph Isaac	RdM3c V6 USAR	8642787
GUNTER, William Leotis	SSM13c V6 USNR	6042958
HOLTHOUSE, Hugh James	CMoMM(A) 1 USNR	4131889
MC KOON, Charlie Wade	S2c V6 USNR	8931766
MELANCON, Gauthier (n)	MM2c V6 USNR	6440633
MILLER, Clarence Irving	CWT (AA) USN	2232275
MOORE, Beachel (n)	S1c V6 USNR	8675754
PLUCKERBAUM, Alvin John	F2c V6 USNR	6352095

293 Unknowns
New Guinea
X 90 Finschhafen #2

Handwritten signature

GRS Pacific

SUBJECT: Identification of World War II Deceased

SHAW, Omer Leo	WT2c V6 USNR	6688042
STEINBERG, Francis LeRoy	EM1c USN	3165438
TUCKER, Harmon Broughton	PHM3c V6 USNR	8292747
WHITACRE, Melvin Foster	MM(S)3c V6 USNR	9409833

QMG Form 371 for these decedents are attached herewith.

4. A review of the Reports of Interment for Unknown X-165, Finschhafen #2, formerly X-19, USAF Cemetery, Lorengau, Manus Island, reveals the cause of death on the original report as drowning. Records of the results of processing by your headquarters discloses Unknown X-165 to consist of six (6) mandibles plus portions of remains, indeterminable by this Office, described on QMG Form 1044b by the statement "the paucity and condition of the recovered remains of this group make segregation insecure and unsound". In the absence of recorded acceptable explanation of the methods employed in the determination of death by drowning at the time of original interment of these remains and the fact that the remains now consist of parts of more than one body, this Office is compelled to conclude that the remains presently stored at your headquarters as Unknown X-165, and the remains originally interred as X-19 in USAF Cemetery #1, Lorengau, Manus Island, are not one and the same.

5. In view of the aforementioned conclusion, a continuation of the association of the remains of Unknown X-165 with casualties of the USS Houston is indefensible and it is recommended that those remains be disassociated from the casualties of the USS Houston.

6. Due to the inability to establish conclusive individual identification of any of the remaining Unknowns involved with the unaccounted for casualties of this incident, it is further recommended that your headquarters initiate action to establish a group burial of Unknowns X-86, X-90 and X-148 USAF Cemetery, Finschhafen #2, and Unknown X-6, Plot 4, Row 52, Grave 25, ANM Cemetery #2, Guam, formerly Plot 1, Row 9, Grave 1, Ulithi Cemetery Asor Island, Unit 9, Page 5, (this unknown was previously approved unidentifiable, see copy of letter and 1st indorsement attached), as the recoverable remains of the fifteen decedents listed in paragraph 3, above.

QMGMU 293

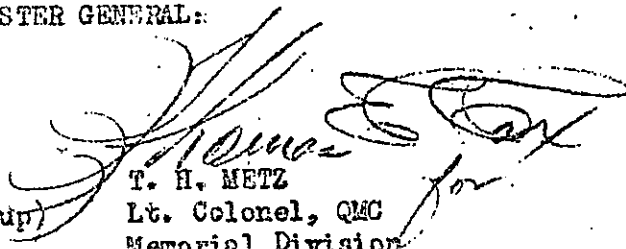
GRS Pacific

SUBJECT: Identification of World War II Deceased

28 March 1950

7. Unknown X-6, ANM Cemetery #2, Guam, Unit 9, Page 5, is currently stored in the AGRS Mausoleum, Manila, Philcom Zone. Request your action be coordinated with that Command.

FOR THE QUARTERMASTER GENERAL:



T. H. METZ
Lt. Colonel, QMG
Memorial Division

16 Incls

1. OQMG Form 371 (in dup) (Carroll)
2. OQMG Form 371 (in dup) (Cody)
3. OQMG Form 371 (in dup) (Cooper)
4. " " " " " (Cozad)
5. " " " " " (Gunter)
6. " " " " " (Holthouse)
7. " " " " " (McKeon)
8. " " " " " (Melancon)
9. " " " " " (Miller)
10. " " " " " (Moore)
11. " " " " " (Pluckerbaum)
12. " " " " " (Shaw)
13. " " " " " (Steenberg)
14. " " " " " (Tucker)
15. " " " " " (Whitacre)
16. Copy ltr w/1st Incl. dated 30 Nov 48 and 17 Dec 48

WER
JMN
TEC

C.C.Salser:lrc

JW

cc--Administrative Section

6

DISINTERMENT DIRECTIVE

293 Tab New Guinea 4-90 (Truchaffer #2)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 6911 00290
DATE 15 02 48

NAME UNKNOWN
SERIAL NUMBER UNKNOWNX-000090
RANK
ARM Q
DATE OF DEATH
CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20
DISPOSITION OF REMAINS 7701 50
PLOT ROW GRAVE COUNTRY 3139 NEW GUINEA
CODE DIST. PT.
CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)
NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN
 MARKER
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION
MINOR DISCREPANCIES 1
REMAINS PREPARED AND PLACED IN CASKET
DATE BY
CASKET SEALED BY EMBALMER (Signature)
CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-90 Finsch #2, (X-4018, Manila P.I.)				2. DATE OF REPORT 12 July 1949	
3. NAME OF CEMETERY U. S. Army Mausoleum Final Type Box Formerly of Finsch No. 2		4. PLOT # 75	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT 12 Jul '49 12 Jul '49

PHYSICAL DESCRIPTION Age: 21 to 22 years.

8. ESTIMATED WEIGHT 129 to 153 lbs.	9. ESTIMATED HEIGHT 5' 5" - 5' 7 5/8"	10. COLOR OF HAIR Possibly Brown.	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two (2) duplicate I.D. tags with remains read: Unknown X-4018, AGRS Mausoleum, Manila, P. I., Formerly X-90, Finsch. No. 2.
One (1) embossed plate on outside case reads: Unknown X-90, Finsch. No. 2, X-4018, Mslm.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? All bones are oil or grease stained.
---	---

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

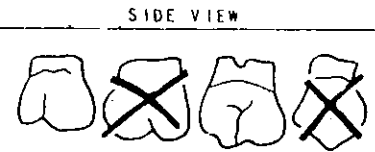
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

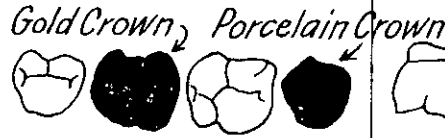
Unknown X-90, (X-4018 Manila Maus)



Final Type

CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Final Type



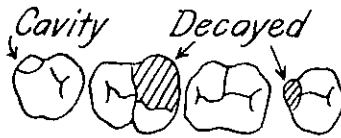
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

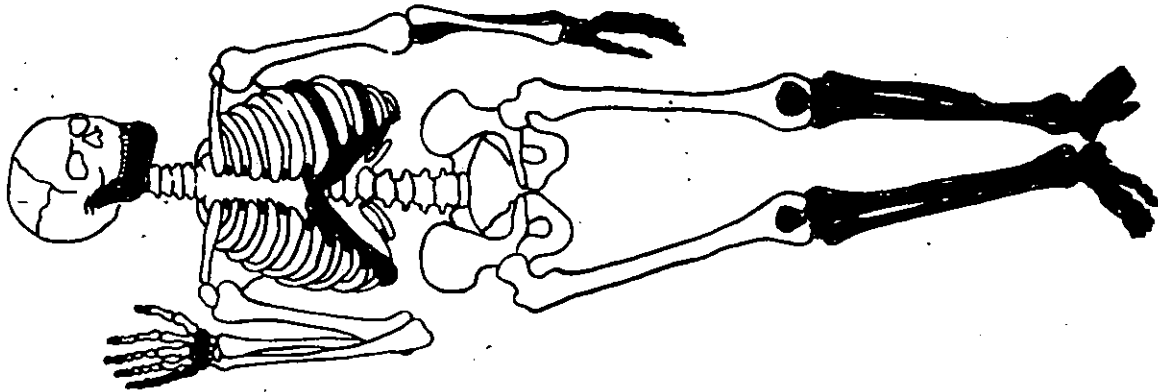


RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
IMP.		A FOM	A DO										A MO		IMP		
Side Views																	Side Views
Top Views																	Top Views
																	Top Views
Side Views																	Side Views
<p>MANDIBLE AND TEETH MISSING.</p>																	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Handwritten signature

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

this (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSISTS OF PARTS OF 1 DECEASED ~~BASED ON THE PRESENCE OF KNOWLEDGE~~
~~OR OTHER INFORMATION RECEIVED FROM THE DECEASED~~ NUMBER

M. Trotter

M. TROTTER SIGNATURE OF ~~XXXXXXXXXX~~ Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Height estimate:

Rollet:	166	65.35	5' 5 3/8"
Krogman:	172	67.72	5' 7 5/8"
Pearson:	165	64.96	5' 5"

Fluoroscopic Examination Unnecessary.

Teeth Charted.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

C. W. KELLEY, CAPT., CAC

CENTRAL IDENTIFICATION DIVISION

APO 958

SIGNATURE

C. W. Kelley

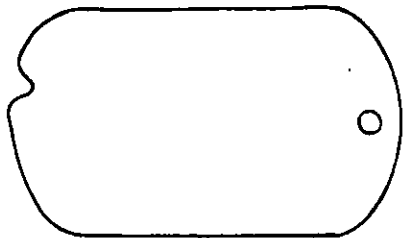
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INSTRUMENT STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

25 August, 1950

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) *John K. Finschhafen*
UNIDENTIFIABLE (Formerly Unknown X-90
UNKNOWN X-4018 USAF Cemetery #2
Finschhafen, N. G.)

SERIAL NO.

Unknown *X-90*

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

White

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

USS Houston

CAUSE OF DEATH

Drowning

DATE OF DEATH

12 Dec 44

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

Letter, OQMG, QMGMN 293 GRS Pacific dtd 21 Aug 50
subject: Identification of World War II Deceased.

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

US Army Mausoleum, AGRS-PAZ

Casket

DATE OF BURIAL

June 1949

HOUR

BURIED IN (Shroud, blanket, or name of other)

Final type casket

TYPE OF GRAVE
MARKER

PLOT No.

ROW No.

GRAVE No.

75

WAS THIS A REBURIAL?
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

AGRS Mausoleum, Manila, P.I.

Hanger Bay Crypt
810 H 2593

TYPE OF RELIGIOUS
CEREMONY

--

PERSON CONDUCTING BURIAL RITES

--

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

--

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

Not applicable due to

RANK

--

SERIAL NO.

--

ORGANIZATION GRAVE No.

SEP 7 1950
FILE SECTION
NAVY
C. J. MOYER

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

manner of storing caskets.

RANK

--

SERIAL NO.

--

ORGANIZATION GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

I. K. Usher
I. K. USHER - Clerk

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Stanley E. May
STANLEY E. MAY, Captain, QMC

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Incl 6'

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


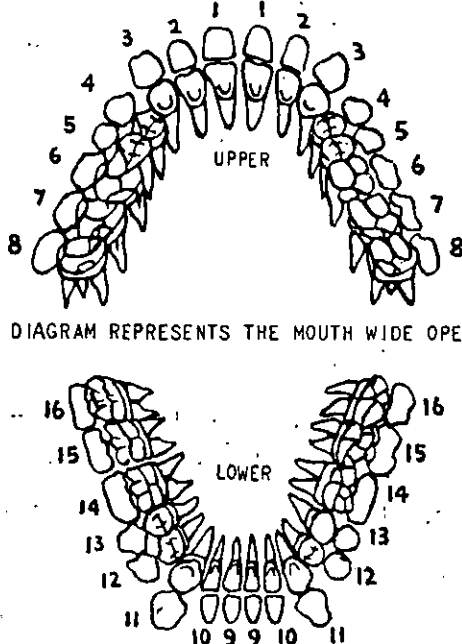




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

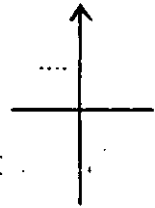
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

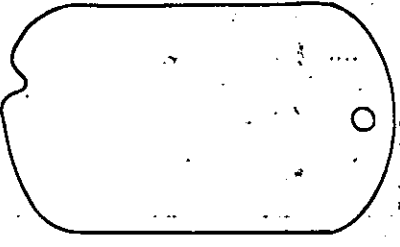
OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 25 August 1950	
Imprint Identification Tag If Possible DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL NO. Unknown	
		NAME (Last, first, middle initial) (Formerly Unknown X-90) UNIDENTIFIABLE USAF Cemetery #2 UNKNOWN X-4018 Finschhafen, N. G.)			BRANCH OF SERVICE Unknown	
		GRADE Unknown	ORGANIZATION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
		RACE White	RELIGION Unknown			
PLACE OF DEATH USS Houston		CAUSE OF DEATH Drowning		DATE OF DEATH 12 Dec 44		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Letter, OCMG, OCMG 293 GRS Pacific dtd 21 Aug 50 subject: Identification of World War II Deceased,				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Army Mausoleum, AGRS-PAZ						
DATE OF BURIAL June 1949	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. 75
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P.I.			GRAVE No. 810	ROW No. H	GRAVE No. 2693
TYPE OF RELIGIOUS CEREMONY --	PERSON CONDUCTING BURIAL RITES --	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) --		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to			RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.			RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
SIGNATURE OF PERSON PREPARING REPORT I. K. USHER - Clerk			SIGNATURE OF GRS OFFICER VERIFYING REPORT STANLEY E. MAY, Captain, OMC			

DISTRIBUTION OF REPORT: *Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Serial 62

SEP 7 1950
 FILE
 NAVY SECTION
 C. J. MOYER

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


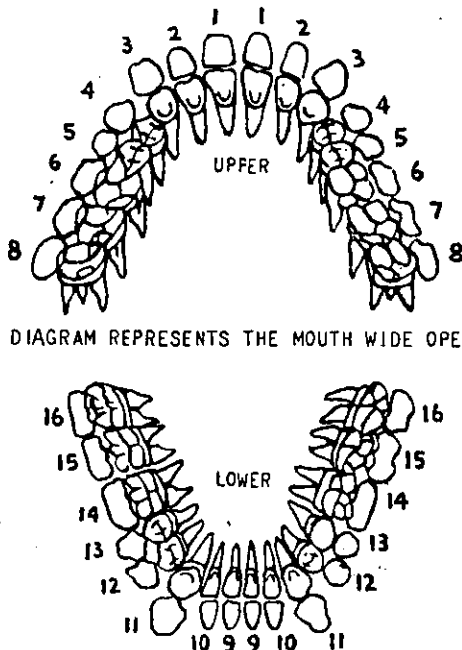




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

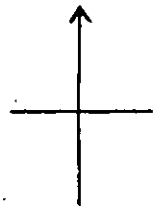
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

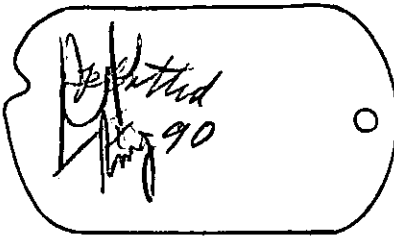
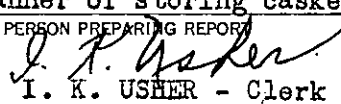

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 17 August 1950
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) UNKNOWN X-4018		(Formerly Unknown X-90 USAF Cemetery #2, Finschhafen, N. G.) 3139		SERIAL NO. Unknown		
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown		
RACE White		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH USS Houston		CAUSE OF DEATH Drowning		DATE OF DEATH 12 Dec 44		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Army Mausoleum, AGRS-PAZ Casket						
DATE OF BURIAL June 1949	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO. 75
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P. I.			Hanger 810	Bay H	Crypt 2593
TYPE OF RELIGIOUS CEREMONY --	PERSON CONDUCTING BURIAL RITES --		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) --	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to		RANK --	SERIAL NO. --	ORGANIZATION --	GRAVE NO. --	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.		RANK --	SERIAL NO. --	ORGANIZATION --	GRAVE NO. --	
SIGNATURE OF PERSON PREPARING REPORT  I. K. USHER - Clerk			SIGNATURE OF GRS OFFICER VERIFYING REPORT  STANLEY, E. MAY, Captain, QMC			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

incl 4'

RESTRICTED

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

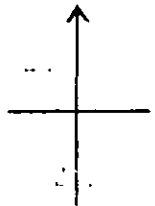
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

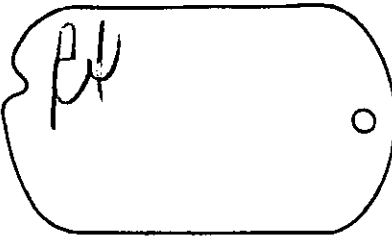


REMARKS:

AUG 28 1950

Identification Section

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT <small>STORAGE</small> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 17 August 1950
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOWN X-0018			(Formerly Unknown X-90 USAP Cemetery #2 Finschhafen, N. G.)		SERIAL No. Unknown
	GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
	RACE White		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH USS Houston		CAUSE OF DEATH Drowning			DATE OF DEATH 12 Dec 44	
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">US Army Mausoleum, AGRS-PAZ Casket</p>						
DATE OF BURIAL June 1949	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. 75
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P. I.			PLOT No. 810	ROW No. H	GRAVE No. 2593
TYPE OF RELIGIOUS CEREMONY ---	PERSON CONDUCTING BURIAL RITES ---		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) ---		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) ---				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to			RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.			RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
SIGNATURE OF PERSON PREPARING REPORT I. E. USHER - Clerk			SIGNATURE OF GRS OFFICER VERIFYING REPORT STANLEY S. MAY, Captain, QMC			

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Incl 4

RESTRICTED

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


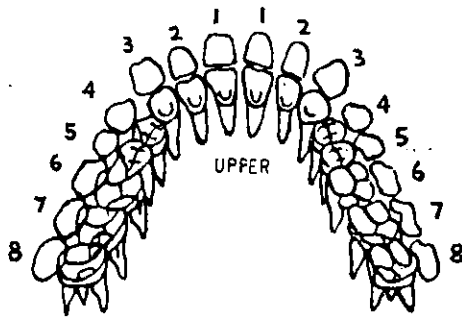




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

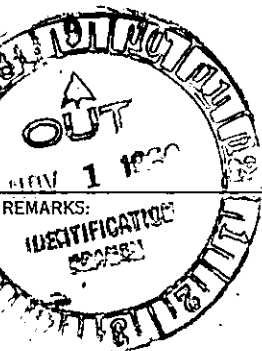
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

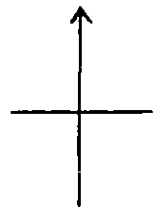
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:
IDENTIFICATION CASE

AUG 28 1950

Identification Section



UNIDENTIFIED.

X-17

CO-1/14/45, USS
HOUSTON.

(name)	
BORN (Date and place)	
APPOINTED (Date)	ENLISTED (Date)
DIED (Date and place)	

Four unidentified bodies were removed from the engineering spaces after the ship was ~~was~~ placed in dry dock.

One body recovered from after fireroom at 1915, 8 Jan. 45. The bodies were buried outside the continental limits of the U.S. in Allied Armed Forces Cemetery, Manus Is., Admiralty Is. Plot 4, Row 2, Gr. 6.

NEXT OF KIN respectively.

Brenagne (LOREN GAU)
Cem Admir Is.

RESTRICTED

Graves Registration
Form No. 1
(Revised May 11, 1943)

RE

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

V 391

UNIT NO. **X-90**

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

USS HOUSTON

12 December 1944

Drowning

(Place of death) (Date of death) (Cause of death)

1300 Hrs 10 April 1945

USAF CLEVERLY PINSCH AREA #2, N. G.

(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

Disinterred from Grave #8, Row 2, Plot 4, USAF Cemetery, Longway #1, Manus Island, A.I. *X-17*

3139

Cross-regulation w/plate

(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

(If no identification tags, what means of identification are buried with the body?)

Religion

(If no identification tags, but identity definitely established, give particulars)

Body buried on **RIGHT ROBERT, Pearl** **18 002 041** **Pfc** **Co G** **7th Cav** **3140**
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT PASTERNAK, Chester** **32 253 424** **Pvt** **24 Div** **3138**
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

(*) No. 1247

and 1013

RESTRICTED

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43).
If unable to obtain a complete set of fingerprints, TAKE THOSE YOU
CAN, and fill in as many of the following as you are able:

Height:	Apparent Nationality:
Weight:	Laundry marks:
Colour of eyes:	Number of rifle:
Colour of hair:	Wear glasses?
Race:	Is Tooth chart attached?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles,
deformities, etc.:

Note below any identifying clues found, such as letters, photographs,
probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE
LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Garth H. Smith
Garth H. Smith, S/Sgt. A/C-GIS
(Signature of officer or other person reporting burial)

Charles R. Myers
CHARLES R. MYERS, 1st Lt.

(Verified by Army GRS Officer)

LEFT HAND

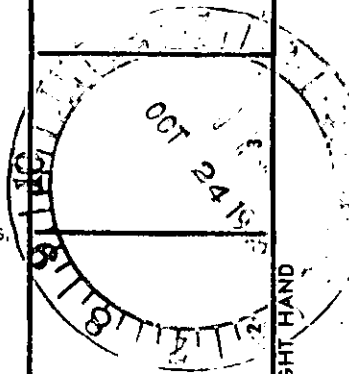
4

3

2

1

THUMB



RIGHT HAND

THUMB

REPORT OF INTERMENT

U 394

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

(Par. 21d - TM 10-630)

RESTRICTED
UNKNOWN X-17

Unknown

Unknown

Unknown

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

U. S. S. HOUSTON

1-8-45

Drowning

(Place of Death) (Date of Death) (Cause of Death)

1-13-45

USAF Cemetery #1, Lorengau, Manus Island, Admiralty Is.

(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery; if in a cemetery)

8

2

4

Regulation Cross

Buried with Body

Attached to marker

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Other pertinent data to enable grave to be located
(Where necessary sketch to locate grave should be furnished)

UNKNOWN

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

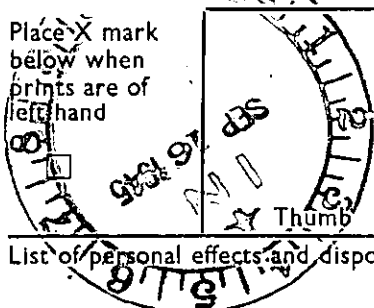
RESTRICTED

123

Fingerprints (right hand) if right hand missing furnish prints of left hand

(Required when positive identity cannot otherwise be established) (Par. 25e (2) TM 10-630)

Place X mark below when prints are of left hand

	Thumb	1	2	3	4

List of personal effects and disposition of same

(Name, rank, Serial number, organization, grave numbers of bodies buried on either side :)

On Right— X-18 UNKNOWN Grave 9

On Left— WALSH, William Thomas 815-43-80 Plc(EM V-6) USNR Grave 7

W. M. Nichols
W. M. Nichols, Cox, USN, 279-77-57

Lloyd S. Charters
Lloyd S. Charters, Lt. ChC USNR

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S Officer.

Prepare in triplicate — 1 copy to Army G.R.S. Officer — 1 copy to Chief, G.R.S.— Original to the Q.M.G.